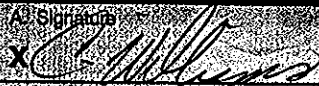


COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mail piece or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>EEOC Commission</i> <i>1801 E Street</i> <i>Washington, D.C.</i> <i>20507</i></p>		<p>B. Received by (Printed Name) <i>C. Williams</i></p> <p>C. Date of Delivery <i>2-5-07</i></p>	
<p>2. Article Number (Transfer from service label) <i>7006-0100-000181730803</i></p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE
 SOUTHERN DISTRICT
 05 FEB 2007 PM 2:11

First Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-40

• Sender: Please print your name, address, and ZIP+4 in this box •

Mr. Jack E. Metter
17265 Carol Harbor
Southfield, MI 48076

Complaint about Mr. Metter
SSA Penzance

Mailed 1-29-2007
Post marked

0015